

THIS NOTICE DESCRIBES HOW INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

### **Introduction**

At New Hope Treatment Centers, we are committed to treating and using protected health information about you responsibly. This Notice of Health Information Practices describes the personal information we collect and how and when we use or disclose that information. It also describes your rights as they relate to your protected health information. This Notice applies to all protected health information as defined by federal regulations.

### **Understanding Your Health Record/Information**

When you are admitted to New Hope Treatment Centers, a health information record is made for you. Typically, this record contains your health history, presenting problems, diagnoses, and treatment plan. This information serves as a:

- Basis for planning your care and treatment,
- Means of communication among the many health professionals who contribute to your care,
- Legal document describing the care you received,
- Means by which you or a third-party payer can verify that services billed were actually provided,
- A source of information for public health officials charged with improving the health of this state and the nation,
- A source of data for our planning and marketing,
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.

Understanding what is in your record and how your health information is used helps you to: ensure its accuracy; better understand who, what, when, where, and why others may access your health information; and make more informed decisions when authorizing disclosure to others.

### **Your Health Information Rights**

Although your health record is the physical property of New Hope Treatment Centers, the information belongs to you. You have the right to:

- Obtain a paper copy of this notice of information practices upon request,
- Inspect and copy your health record as provided for in 45 CFR 164.524,
- Request amendment of your health information record as provided in 45 CFR 164.598,
- Obtain an accounting of disclosures of your health information as provided in 45 CFR 164.528,
- Request that we communicate with you about your health information in a certain way or at a certain location, such as requesting that we only contact you at work or by mail,
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.
- Restrict disclosures to health plans for payment or health care operations regarding services for which you have paid in full out of pocket.

### **Our Responsibilities**

New Hope Treatment Centers is required to:

- Maintain the privacy of your health information,
- Provide you with this notice as to our legal duties and privacy practices with respect to information we collect and maintain about you,
- Abide by the terms of this notice,
- Notify you if we are unable to agree to a requested restriction, and
- Accommodate reasonable requests you may have to communicate health information by alternative means or at alternative locations.
- Notify you directly if your health information has been compromised and confidentiality violated.

We reserve the right to change our practices and to make the new provisions effective for all protected health information we maintain. Should our information practices change, we will post such revisions and provide you with a copy, if requested.

New Hope Treatment Centers will not use your health information for fundraising or sell your health information. We will not use or disclose your health

information without your authorization, except as described in this notice. We will also discontinue to use or disclose your health information after we have received a written revocation of the authorization from you.

### **For More Information or to Report a Problem**

If you have questions and would like additional information, you may contact the PI Director or Chief Operating Officer at 1-800-776-6482.

If you believe your privacy rights have been violated, you can file a complaint with the Patient Advocate, the Compliance/Complaint Officer, or with the Office of Civil Rights, U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint with either the Complaint Officer or the Office for Civil Rights. The address for the OCR is listed below:

*Office for Civil Right*

U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, DC 20201

### **Examples of uses and disclosures requiring your authorization**

#### **Use or disclosure of protected health information (PHI) for marketing**

For example: New Hope Treatment Center is required to obtain your authorization before attempting any communications regarding treatment or health care operations for a third party in exchange for financial remuneration or to encourage the purchase or use of a product or services offered by a third party.

#### **Research requiring the use and disclosure of PHI**

For example: When in the best interest of New Hope Treatment Centers and our patients, we may engage in research efforts. Before being involved in any research project patients and guardians must give voluntary, informed consent.

### **Use or disclosure of Psychotherapy Notes**

For example: Psychotherapy notes are notes recorded by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. As these are separate from your medical record specific authorization must be given for them to be disclosed.

### **Disclosure of PHI to a third party outside of New Hope Treatment Centers**

For example: At any time, you may authorize New Hope Treatment Centers to release your information to future healthcare provider, educational institution, or private party, etc.

### **Examples of Disclosures Permitted for Treatment, Payment and Health Operations**

#### **We will use your health information for treatment.**

For example: Information obtained by a therapist, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your treatment team will document in your record the expectations of the members of your team. Members of your team will then record the actions they took and their observations. In that way, the team will know how you are responding to treatment.

#### **We will use your health information for payment.**

For example: A bill may be sent to your parent / guardian or a third-party payer. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, treatment, and services given.

#### **We will use your health information for regular health operations.**

For example: Members of the clinical staff, the Vice President, Performance Improvement Systems, or members of the treatment team may use information in your health record to assess the care and outcomes in your case and others like it. This information may then be used in an effort to continually improve the quality and effectiveness of the healthcare and service we provide.

**Business associates:** There are some services provided in our organization through contacts with business associates. Examples include pharmacy services, certain laboratory tests, and specialized services, such as speech therapy. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do and bill for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

**Notification:** We may use or disclose information to notify or assist in notifying an authorized family member, parent/guardian, or another person responsible for your care of any incident of which such notification is required, such as serious injury.

**Communication with family:** Health professionals, using their best judgment, may disclose to your guardian, referral agency, or other person(s) that are identified by your guardian, health information relevant to that person's involvement in your care or payment related to your care.

#### **Public Health Oversight**

Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority, or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more patients, workers, or the public

**Food and Drug Administration (FDA):** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post-marketing surveillance information to enable product recalls, repairs, or replacement.

**Public health:** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.

**Law Enforcement:** We may disclose health information for law enforcement purposes as required by law or in response to an appropriately executed order of the court. We may disclose health information to report child abuse or neglect or potential threat to individuals or the community as required by law.

## **NOTICE OF PRIVACY PRACTICES BROCHURE**

**FOR**



**NEW HOPE**  
TREATMENT CENTERS

Effective Date: April 14, 2003

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